

GOLD



COAST

STATEMENT
BY THE
GOLD COAST GOVERNMENT
ON THE
REPORT OF THE COMMISSION
OF ENQUIRY INTO THE HEALTH
NEEDS OF THE GOLD COAST

PRINTED AND PUBLISHED BY THE GOVERNMENT PRINTING DEPARTMENT
ACCRA, GOLD COAST

1952

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STATEMENT BY THE GOLD COAST GOVERNMENT ON THE REPORT OF THE COMMISSION OF ENQUIRY INTO THE HEALTH NEEDS OF THE GOLD COAST

After some months in office under the new constitution the Government decided that there was need for a declaration of policy in detail on the development of the health services. It was considered that this could best be done by calling on persons qualified for the task to conduct an examination of the present system and projected plans and to submit their recommendations. Accordingly, the services were obtained of a former Permanent Secretary of the Ministry of Health in the United Kingdom, a serving principal medical officer of that Ministry who is a member of the General Medical Council in the United Kingdom, a medical officer with experience as a Director of Medical Services in the Sudan and as an adviser elsewhere in the tropics, and a local lay member. These persons were appointed a Commission of Enquiry and began their work in the Gold Coast on the 11th February, 1952; their report was completed on the 17th July, 1952.

2. The Government are deeply appreciative of the work of the Commission. The report analyses the problems which have come to their notice and embodies recommendations which are realistic in relation to the economic circumstances of the Gold Coast at the time of the enquiry and which, with but few exceptions, are accepted by the Government as the basis of the policy on which the health services of the Gold Coast should within the next few years be developed. The Commission point out (e.g. in paragraphs 114 and 122 of their report) that their recommendations do not represent a final and rigid pattern and that in the changing circumstances of present development in all fields a further review should be undertaken in a few years' time; their recommendations cover the immediate task which lies ahead and which, when translated into fact, will enable a complete plan for a rational health organisation to be drawn up. The Government accept this view.

3. In particular the Government welcome the emphasis placed on the urgent need for expansion of medical auxiliary services and on the development of preventive medicine, especially in the rural areas, by the early and rapid extension of the medical field units which have been operating in the Northern Territories and northern Ashanti. In regard to medical auxiliary services, it appears not to be generally appreciated that until a far greater number of medical auxiliary staff is available, especially nurses the number of whom is little more than two-thirds of the authorised establishment, it is useless and impracticable to consider any increase in the number of hospitals beyond those already established and the few additional ones contemplated in the Development Plan. Nurses, dispensers, laboratory assistants and other auxiliary staff are too few to maintain an adequate service in these hospitals at present, and the primary consideration must be to increase their numbers by suitable training facilities, so that a proper standard of attention may be established. As regards the value of developing preventive medicine, it is an obvious truism that by raising standards of sanitation and healthy living throughout the country and eliminating much of the endemic communicable diseases and sickness, fewer people will be in need of curative medicine. Curative medicine is extremely costly to the State and much of it would be unnecessary if effective preventive measures could be applied through the agencies of the Central Government and the local authorities. The work of the medical field units consists in survey, treatment and education by mobile teams, and their work would be supplemented by sanitary measures undertaken by local authorities, by mass education teams suitably briefed and by other methods set out in the recommendations contained in the Commission's report, such as the provision of health centres from which preventive as well as curative work can be organised.

4. The Government believe that the enthusiasm of the people of the Gold Coast can be enlisted to make rapid progress in achieving higher standards in health throughout the country; it is the duty of every citizen to forward this aim by his personal endeavour in his own surroundings and by supporting measures to achieve this aim which are adopted by the local authorities. Healthier living cannot be achieved by legislation and coercion; it requires a conscious endeavour and co-operation on the part of every one. As is stated in the report, healthier living leads to greater happiness and greater productive capacity; the rewards for the people of the Gold Coast are rich if the task is willingly undertaken.

5. The Government accept the recommendations of the Commission in regard to the administrative re-organisation required under present circumstances to ensure the maintenance and development of the health services. A Ministry of Health, from which the subject of Labour will be separated, will be established, absorbing the Medical Department and the health functions of the Central Government throughout the country. The Permanent Secretary will be a lay administrator, and a Chief Medical Officer in the Ministry, of equal rank and status with the Permanent Secretary and having direct access to the Minister, will take the place of the Director of Medical Services. The head office of the Ministry will be staffed by other lay and professional medical officers working in collaboration, and will be housed as soon as possible in a single building. Regional medical officers will be stationed at Tamale, Kumasi and as soon as possible at Takoradi, and senior medical officers will be stationed at Koforidua and Ho in due course, as the representatives of the Ministry of Health. Regional matrons will be stationed at Kumasi and probably at Accra; the exact location of this second officer and any other Regional Matrons who may be required will be determined in the light of experience. The Chief Medical Officer will be the medical adviser to all other Ministries needing professional medical advice.

6. The Government accept the recommendation that medical field units, central and district hospitals and health centres should be under the control of the Central Government and that dressing stations and such maternity homes as they are able to establish should be the responsibility of local authorities. The health centres, of which it is proposed that there shall within the next few years be between 40 and 50 situated at suitable places throughout the country, are intended to serve as the source from which enlightenment in preventive health measures may be spread and to provide supervision of neighbouring local authority dressing stations, in addition to providing limited curative facilities and serving as feeders to district hospitals. While the control of health centres will for some years to come remain in the hands of the Central Government in order that the health policy of the Government may be projected into the areas which they are designed to serve, the Government will consider methods by which a local authority may make contributions towards the capital or recurrent cost of a health centre whose establishment or extension would be in accordance with the policy of Government, if a local authority wishes to do so and if the finances or building capacity of the Central Government preclude such establishment or extension—subject to the over-riding condition of availability of trained staff of the standard required by the Central Government.

7. The Government consider that sanitation is a proper responsibility of local authorities in municipalities and elsewhere and that the Central Government should be relieved as soon as possible of such commitments. The Central Government would provide advice and guidance to local authorities and would, through various media of health education, promote among the people of the country a new outlook on the necessity for improved standards of sanitation. It is accepted in principle that the councils of municipalities should, in addition to other health functions, have responsibility for a school health service, maternity and child welfare clinics and a health visitor service.

8. On the question whether the health functions conferred on a local authority should be permissive or mandatory, the suggested formula will be kept in mind so that it may be applied if it is found to be necessary. The practical aspect of the matter has not yet arisen; the list of functions set out in paragraphs (36) to (48) of section 58 of the Local Government Ordinance is intended to represent those which may in the future be exercised by local authorities; any important functions would in fact be included in the Instrument of a Council as mandatory. The further suggestions that the Minister of Health should have the power to consent to health proposals of, or to direct action by, local authorities and that a requirement of consultation between the Minister of Health and the Minister of Local Government in such matters should be written into formal instruments will be considered in the light of the development of local authorities; local authorities set up under the Local Government Ordinance this year have initially taken over existing functions, and the extension of the functions of each individual local authority according to its capacity will follow. The Government are aware of the anxiety already felt by a number of local authorities lest their commitments in education and welfare exceed their capacity, and have no intention of forcing on them expenditure on health services beyond their means.

9. The observations of the Commission regarding the need to avoid a two-tier system of local government with double supervision and control are accepted and represent the intentions of Government.

10. It has been accepted in principle, both by the municipal councils and by the Central Government, that the former should each employ its own Medical Officer of Health. These officers are scarce and, until a municipal council has been able to recruit one, it will be necessary for the Central Government to second one of its officers; so far as possible his duties will be limited to those which concern the municipality and airports or seaports as the case may be.

11. The whole question of the future relationship of the Central Government and the municipalities is at present under review by the Adviser on Local Government who is also reviewing the basis of their financial relationship. In these circumstances the Government reserve comment on the recommendation of the Commission in regard to increased borrowing powers.

12. The Government accept the recommendation that the immediate and most urgent health needs are as in the following order of priority, with the primary emphasis on preventive medicine:—

- (a) expansion of the medical field units;
- (b) improvement of hospital facilities;
- (c) establishment of health centres at nodal points in a network which embraces hospital and dressing stations;
- (d) increase in number of dressing stations.

13. The practical suggestions for expansion of the medical field units are *prima facie* acceptable; the Government recognise the great value of the field units which have been operating in the north and the suggestions in regard to organisation and staff will be carefully examined.

14. The Government accept the recommendation that it is not practicable to consider at the present time the provision of new hospitals beyond the central and district hospitals already established and those included in the Development Plan, but that this should be re-considered at the end of five years. As has been pointed out in paragraph 3 above, severe limitations are imposed by the inadequate numbers of auxiliary staff, especially nurses, and before additional hospitals can be contemplated a far greater output of trained nurses and other auxiliary staff is necessary. Apart from these considerations, it is unlikely that the country could afford for some years to come the capital cost of additional new hospitals; indeed it is evident that financial limitations and increased costs will impose a re-consideration of those included in the Development Plan.

15. The recommendations in regard to the appointment of hospital management committees for the group of hospitals in Accra, Kumasi and Sekondi-Takoradi are accepted and a start will be made as soon as possible in the case of Accra.

16. Cubicles for one or two beds each for paying patients will be introduced progressively in all hospitals as funds permit. As regards the dieting of patients in hospitals, medical advice has for many years been in favour of the universal application of such a system; it is in operation in twelve hospitals including all the larger ones and it is purely due to financial considerations—the cost of food, equipment and additional staff—that it has not yet been extended to every one. The Government propose to seek the approval of the Legislature for the additional funds required to carry out this recommendation. The other observations of the Commission in regard to hospital services, nurses hostels and ambulances are accepted.

17. The Government accept the principles stated by the Commission in regard to the establishment and operation of health centres under the control of the Ministry of Health; it may not be possible to build more than ten in a year, but if the funds are provided an early start will be made, as the Government attach much importance to the provision of these centres as a source of enlightenment in healthier and better ways of living. The exact location of the health centres will be carefully examined in the light of all relevant factors; suitable designs are being prepared. The Government accept the essential requirement that the health centres must be effectively supervised by regular and frequent visits of a medical officer and that they must be adequately staffed by persons of integrity and character including the clinic superintendent in charge of each health centre.

18. The observations of the Commission in regard to mobile medical clinics are accepted ; they are not an effective substitute for static units, but as stated in the Commission's report the same objections do not apply to mobile dental clinics. The mobile maternity and child welfare clinics of the Red Cross Society have served a very useful purpose, but as local authorities assume greater responsibilities in the provision of dressing stations they will gradually be superseded.

19. The Government accept the recommendation that the provision and maintenance of dressing stations, including the 18 which are at present the responsibility of Government, shall be the responsibility of local authorities which may also provide maternity homes, ambulances and other facilities in addition to their primary responsibility to their peoples in the field of sanitation and preventive medicine. The Government consider that the facilities for training staff for local authority dressing stations are far from adequate to meet present and future needs ; this will be further examined.

20. The recommendations in regard to the requisite staff of qualified medical officers are accepted but an increase in establishment during the next five years from 122 to 150 will, in addition to the extra cost of salaries, travelling, et cetera, impose a severe additional burden on the house-building programme. The approval of the Legislature will be sought in due course for an increase in the establishment, but there should be no delay in providing the necessary accommodation in advance of the arrival of the additional staff.

21. The recommendations for development of pathological services are accepted and will be put into effect when the material facilities can be provided.

22. The proposals for a West African Council for Medical Research have been accepted by the Government. It is agreed that research by individual officers should be given every encouragement and that the Medical Research Institute should as soon as possible resume its original function.

23. The Government accept the recommendations of the Commission in regard to a school health service as being the most realistic approach to a long-felt need ; in the first instance discussions will be held with the councils of the four municipalities to ensure that firm foundations are laid for a service that will be of continuing and lasting benefit, as a responsibility of the councils. The development of a school health service, which should include dental care, will be integrated with the active propagation of health education. The Government appreciate that the staffing difficulties will constitute a problem which must be faced.

24. The Government attach much importance to the stimulation of health education through all suitable media and particularly on the part of health officers such as health visitors, midwives, sanitary inspectors and others. It is hoped that an appointment will shortly be made of a specialist in health problems and particularly in health education. Plans will be laid in conjunction with the Ministry of Education and Social Welfare for carrying this education not only to the towns but also to remote rural areas.

25. The Government will proceed with the internal re-organisation of the Stores Branch on lines endorsed by the Commission ; it is confidently expected that this will lead to a radical improvement in supply and supervision and the eliminating of undue waste.

26. The Government propose to introduce at the next session of the Legislative Assembly a Bill to provide for the registration and inspection of nursing homes on the lines suggested.

27. The Government accept the recommendation of the Commission that a Medical and Dental Board of the Gold Coast should be established which should have responsibility for registration, for issue of licences and for disciplinary purposes. Appropriate amending legislation will be prepared for introduction into the Legislative Assembly as soon as practicable.

28. The Government accept the view that it is in the best interests of the Gold Coast that, until a medical school is established locally as part of the University College, medical practitioners in the Gold Coast should by preference and so far as possible have had their medical education and training in the United Kingdom or at Grade A medical schools in the United States of America. This view is based primarily on ethics and principles and the maintenance of standards of practice and conduct. As the Commission point out, the Gold Coast medical service (both Government and private) has been built up on the system taught and practised in English-speaking countries and, other things apart, it is obviously preferable that a student should acquire his learning in a language that is familiar. Every endeavour will be made to find places at medical schools in the United Kingdom for all students (whether Government scholars or private students) who are qualified to enter and are likely to be successful. There are some who would wish to open the Gold Coast medical register to all who have obtained qualifications whatever their origin. It is difficult to imagine any greater disservice to the Gold Coast than such a suggestion. Of course, if doctors trained in the United Kingdom or in the leading medical schools of the United States of America are not forthcoming in sufficient numbers, it is recognised that doctors with foreign qualifications of a reputable standard should be licensed for a temporary period. But if the doors were opened to permit practice in the Gold Coast by persons whose qualifications were of an inadequate standard, the international reputation of the Gold Coast would be impaired and the recruitment of well qualified doctors might cease altogether ; this is a very real danger. The Government propose therefore to maintain the system of two registers for medical practitioners and two for dentists, which will be administered by the Medical and Dental Board, one for those with qualifications which are automatically registrable, and one for those with foreign qualifications which in the opinion of the Board are of sufficient standard for admission to the register.

29. After most careful consideration the Government have decided to accept the recommendation of the Commission that the Government should not at the present time establish a Medical Faculty of the University College. The Government recognise the arguments adduced in regard to the clamant needs of the country for better organised preventive and curative services, which must have priority over the provision of an expensive medical school. The present financial circumstances substantially reinforce the arguments of the Commission. As stated in the preceding paragraph the Government will make every endeavour to find places at medical schools in the United Kingdom for all suitable students, and the Government consider that in present circumstances this is the most realistic way of training medical practitioners for some time to come. The Government will accordingly postpone for the next few years further consideration of the proposal for a Medical Faculty for which the sum of £1,200,000 appears in the present Development Plan.

30. The recommended disposition of dentists is accepted and will be put into effect when scholars who have qualified in dentistry return from the United Kingdom. The recommendation as regards dental surveys is also accepted and will be put into effect when a suitable officer can be spared. A mobile dental clinic is already being operated experimentally and its usefulness will be closely studied.

31. The Commission's observations on the fundamental importance of a carefully thought out policy for recruiting and training nurses, as being the greatest contributory factor to improvement of the health services in the Gold Coast, are fully endorsed by the Government. It cannot be said too often that until the number of nurses is adequate the extension of facilities in the curative field and to some extent in the preventive field will be of little or no value. The Government recognised this by creating an establishment several years ago of 851 Second Division Nurses as a target for immediate and foreseeable requirements; on account of difficulties in obtaining the requisite number of tutorial training staff and the requisite training facilities, and on account of considerable wastage, it has never yet been possible to attain the full establishment of nurses having the minimum standards of qualification. Until recently the number of Sister Tutors in the service of the Government was less than half of the establishment, but the position has shown an improvement within the last few months; additional Tutors are an urgent necessity to ensure the training of nurses in modern methods.

32. The Government accept the recommendation that training for both the S.R.N. and the Q.R.N. qualification must continue in parallel for some years to come; the higher educational standard of the S.R.N. qualification is essential to those who would go on to the higher nursing posts, not only on the grounds of providing a more advanced equipment and background but also on the grounds of preserving international reciprocity. The ideal at which the Government will aim is that all nurses should be trained for the S.R.N. qualification, but the output from secondary schools of those who wish to take up the profession of nursing is still too small and, even with the construction of the new college at Kumasi in a few years' time in conjunction with the new hospital, the number of State Registered Nurses will be insufficient to meet all requirements. An illustrated booklet has been prepared and is now in print which it is hoped will attract suitable girls with a sense of vocation to take up the profession; the terms of service have recently been improved, and the Government intend to make other improvements, e.g. by the provision of hostels for female student and pupil nurses.

33. It is accepted that Pupil Nurses should not be "gazetted" (Student Nurses at the Nurses Training College are not); appropriate arrangements will be made for payment of allowances under the Other Charges sub-heads of the Estimates and deletion from the Personal Emoluments sub-head.

34. It is agreed that admission to the Q.R.N. register should as soon as possible be confined to those who have received the normal training and who take the examination.

35. The Government accept the recommendation that men should be recruited in greater numbers for training as nurses as soon as facilities can be made available; this may require the recruitment of male nursing tutors. Eventually almost all the nurses may be expected to be women, but it is clear that present circumstances of immediate needs and of high wastage demand an increased intake of men compared with recent years.

36. The recommendations made in regard to staffing of training hospitals, the number of pupils in each and the recognition of additional training hospitals are being examined.

37. The Government are unable to accept the recommendation that Government should sponsor the sending of girls from the Gold Coast for training in the United Kingdom as State Registered Nurses. On the other hand, it is the Government's policy to send girls at Government expense who would benefit from attending post-registration courses, e.g. in ward administration or in nurse tutoring, which are not available locally. Girls who go to the United Kingdom of their own volition for training as State Registered Nurses will be accepted on their return on the same terms as are accorded to State Registered Nurses who have qualified in the Gold Coast; the qualification enjoys full reciprocity.

38. The recommendations for training Mental Nurses are accepted; provision has been made in the Estimates for the last two years for two tutors in mental nursing but it has been impossible to recruit any.

39. The recommendations made in regard to Nurses will receive the detailed consideration of the Nurses Board.

40. Regulations concerning the training of Health Visitors have recently been published, and steps will be taken to attract suitably qualified women to take up this most valuable and important form of social service. The recommendations of the Commission are accepted.

41. The implications of the recommendation to establish a new class of partly trained midwives who could practise outside scheduled areas are being examined; there would appear to be considerable merit in the proposal. As opportunity offers, the facilities for training qualified midwives and supervisors will be extended and improved; it is hoped at no distant date to achieve reciprocity with the Central Midwives Board of England and Wales.

42. The observations of the Commission in regard to training of sanitary staff have been noted, and the question whether there is justification for the introduction of a junior grade of Sanitary Inspector in the service of the Central Government as distinct from local authorities is being re-examined.

43. The Government have taken note of the observations of the Commission on the short-comings in the administration of the Pharmacy and Poisons Ordinance, and steps are being taken to rectify the situation. A complete revision of the Pharmacy and Poisons Ordinance has been undertaken and will be considered shortly by the Government; if approved, it will be introduced into the Assembly in the course of the next session.

44. The Government accept the recommendations in regard to Clinic Superintendents who will have charge of health centres and be responsible for supervision of neighbouring local authority dressing stations, and who will also be competent to undertake appointed duties in the out-patient departments of the larger hospitals. The Government emphasise that these officers do not take the place of doctors who of course must be qualified by the long and arduous training required of a medical student in a recognised faculty. The Government propose to invite the Standing Finance Committee to give approval in detail to the qualifications, etc., required, so that selection of candidates for training may be put in hand. The location of the permanent training school is not yet finally decided.

45. As stated in paragraph 19, further examination will be given to the facilities available for training staff for local authority dressing stations, among whom there is often considerable wastage.

46. The recommendations of the Commission in regard to water supplies are generally acceptable but their application in detail will require further examination.

47. The Government welcome the Commission's endorsement of the policy of enlisting the aid of missionary societies and other voluntary agencies in the provision of health facilities. Greater flexibility is being introduced into the arrangements by which financial assistance from the Central Government will be supervised for the safeguard of public funds.

48. *Prima facie* there is much to commend in the proposal that, since local authorities should assume the relevant responsibilities, mining health areas could be abolished. There may however be areas being developed for mining where there is no effective local authority; in these circumstances it may be considered desirable that such an area should be appointed a Labour Health Area under section 114 of the Labour Ordinance, until such time as an effective local authority has been established. This question is being further examined.

49. The Government accept the recommendation that a senior medical officer should be posted for special duty in mining districts.

50. As regard hospital facilities for the general public in mining districts, the Government will propose to the mining companies a resumption of negotiations on the lines suggested by the Commission.

51. While the Government recognise that unofficial disbursements in medical institutions are alleged to exist on a considerable scale and that this may be a deterrent to some who are in need of medical attention, the Government are not convinced that the abolition of all charges for treatment and maintenance in hospitals, health centres, clinics and dressing stations run by or subsidised by the Government is justified in itself or will achieve the object of eliminating such disbursements. Large numbers of patients are not charged at all and there is no doubt room for improvement in the methods of assessing capacity of patients to pay. The Government consider that the additional financial commitment if charges were abolished would be substantial, and they feel that in present financial circumstances it would be dangerous to foster an attitude of mind in the general public that social services can be provided free of charge whether or not the beneficiary has the capacity to pay. It is considered that social services are better appreciated if they are paid for, and that the proper remedy to any hardships which may at present arise is a better administration of the Hospital Fees Regulations or their revision. In fact these regulations have not been revised since 1942 and the Government consider that there is need for a review of their scale and incidence. The Government propose to have the position examined in greater detail.

52. The Government accept the policy that private practice by Government medical officers should be discontinued. The recommendations of the Commission in this regard will be examined in detail and the policy will be given effect as soon as the full implications can be determined and the necessary arrangements made.

53. The recent all-round increase in costs makes it difficult to assess what would be the actual financial commitment of the Government in putting into effect the Commission's recommendations. It is very roughly estimated that the implementation of the recommendations of the Commission would require *inter alia* the following new commitments on capital expenditure over the next five years :—

43 Health centres at say £12,000 each (say 10 per annum)	...	...	...	...	£520,000
4 Hostels for pupil nurses at £40,000 each (less £32,000 provided)	...	...	...	...	130,000
2 Regional medical stores at £30,000 each (Kumasi and Tamale)	...	...	...	...	60,000
Additional hospital beds, say	...	...	...	...	100,000
Medical field units, equipment and buildings, say (in addition to present commitments)	...	...	...	...	100,000
Pathological laboratory, radiology department and out-patients departments at Korle Bu, say £200,000 (less £60,000 provided)	...	...	...	...	140,000
Total	...	...	...	...	<u>£1,050,000</u>

As against these additional commitments there will be savings on certain items included in the Development Plan which are not recommended by the Commission, the most notable of which is the sum of £1,200,000 allocated for the Medical Faculty of the University which it is not proposed to establish at the present time.

54. In the circumstances it is proposed not to ask for additional funds for putting into effect the recommendations of the Commission in regard to capital expenditure but to ask that, within the total of £5,340,000 provided in the Development Plan for health services, the existing plan should be reorientated to enable those recommendations which have been made for new projects to be introduced as soon as practicable.

55. In regard to recurrent expenditure, the Commission have listed certain items of additional cost; the suggested total of £440,000 is being examined and it may be found to be on the low side. It is considered that an annual sum of up to £500,000 additional recurrent expenditure within the next few years is a legitimate charge on the revenue of the Gold Coast.

